

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	3		4			
TOTAL DEP.	17	↓	4	↓		↓
TOTAL CLAIMS	21		1			

*	*	*	*	*	*
INC.	DEP.	INC.	DEP.	INC.	DEP.
51					
52					
53					
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99					
100					
TOTAL IND.					
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS					